



SMALL MAMMAL HISTORY FORM

Date: _____

PATIENT INFORMATION

Species: _____

Gender: M ___ F ___ Unknown ___ Spayed / Neutered (Y, N, or unknown) ___

Date of birth _____

Date acquired and source (pet store, breeder, previous owner): _____

Number of previous owners (other than breeder, store) _____

What states and countries has your pet lived in? _____

ENVIRONMENT

Is the animal kept indoors or outdoors? _____

Describe the cage enclosure – type, size, objects in the cage (dust baths, toys, etc.)

What material is used to line the bottom of the cage/litter pan?

Is the animal kept in a cage with other animals (Y or N)? ___

If you answered yes to the previous question, how many cage-mates are there? What sex are the cage-mates? Are the cage-mates spayed/neutered?

Please list all other pets in the household.

Have there been any new pets (within the past six months) placed in this animal's cage?

How much time does your pet spend outside of the cage? _____

Is your pet supervised when it is out of the cage? ___at all times___sometimes___no

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Does your pet chew on carpet or other objects/materials when outside of the cage?

List recent changes in the environment, if any:

DIET

What amount of your pet's diet consists of the following (please describe what the animal actually eats, not what is offered):

Amount of Hay (Timothy, Alfalfa, etc.) _____

Amount of Pellets (Timothy, Alfalfa, etc.) _____

Amount of Seeds (type/brand) _____

Amount of Vegetables (types) _____

Amount of Fruits (types) _____

Other (amount and type): _____

How often do you change your pet's food? _____

What (if any) treats do you give your pet (brand and amount)? _____

Do you supplement your pet with any vitamins? Is the food or water supplemented with vitamins?
Brand and frequency?

Please describe any recent change to your pet's diet.

REPRODUCTIVE

Has this pet been bred before? If yes, how many times?

When was it last bred? _____

What was the size of all previous litter(s)? Was the litter healthy?

Do you plan on breeding this pet in the future? _____

Is your pet here for a well pet check-up____or is it sick____(check one)?

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If your pet is sick, please describe the signs and how long your pet has been showing these signs:

Is your pet's activity level normal___, decreased___, or increased___?

Is your pet's appetite normal___, decreased___, or increased___?

Have you noticed any of the following?

___ weight loss

___ weight gain

___ discharge from the eyes or nose

___ increased breathing rate or effort

___ a change in the droppings

___ an increased or decreased thirst

___ weakness

PREVIOUS CONDITIONS

Has your pet had any previous conditions, operations or problems (including dental or gastrointestinal problems)?

MISCELLANEOUS

Is your pet currently on any medications?

Has your pet been on any medications recently? If yes, please list them.

Is there anything else you would like done today?

___ Nail trim

___ Have questions about: _____

___ Other: _____